

607
107
CODE: 800

MISSISSIPPI DEPARTMENT OF CORRECTIONS

EMCF-15-990

First Step Respondent: *Capt Andrew*
Location:

Offenders' Name and No: Carlos Foxx # 101889
Unit: EMCF

Date of incident

OT-21

☒ **ACCEPTED:** This request comes to you from the Legal Claims Adjudicator. See the attached request from the offender. **Please return your response to this office within 30 days of this date.**

☐ **REJECTED:** Your request has been rejected for the following reason(s):

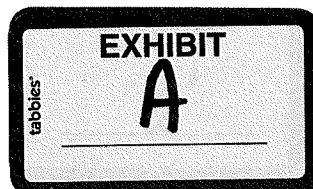
- ☐ Relief is beyond the power of the Mississippi Department of Corrections to grant
- ☐ The complaint concerns an action not yet taken or a decision which has not yet been made
- ☐ There has been a time lapse of more the fifteen (15) days between the **RVR** and the initial request
Incident happened on _____ and received in this office on _____
- ☐ There has been a time lapse of more the fifteen (30) days between the event and the initial request:
Incident happened on _____ and received in this officer on _____
- ☐ The Mississippi Department of Corrections does not handle Parole Board matters

R. Permyer

Legal Claims Adjudicator

5/11/15

Date





MISSISSIPPI DEPARTMENT OF CORRECTIONS

ARP SCREENING FORM

NAME: CARLOS FOX MDOC NO. 101889 UNIT: CMLF
DATE WRITTEN: 2/12/15 DATE OF INCIDENT: _____
CODE: 800 ACCEPTED: X REJECTED: _____



01721

FIRST STEP RESPONDENT: _____

SUMMARY OF COMPLAINT: Claim Cpt. Roberts and Unit Manager
Hodges refused to provide protection.

COMMENTS: _____

Management
& Training
Corporation

East Mississippi Correctional Facility

ARP

THIS IS A REQUEST FOR ADMINISTRATIVE REMEDY

Carlos Foxx

Inmate Name

101889

MDOC#

2-D#107

Housing Unit

Date of Incident:

2/11/15

Time of Incident:

10:56

Place of Incident:

2-D E.M.C.F.

Alleged complaint:

Due to my protection

From having by MDOC standards. I gotten stabbed over on 2-D back in 2012 of the end of year to 2013, so I told the administration that I wouldn't feel comfortable back on 2 around the same guys that stab me. I didn't know there real name, but I gave Nick name, which they knew who I was talking to, I was forced on 2-D by Capt Roberts and unit manager ~~Hodges~~ Hodges after I told them I fear for my life. Hodges have grades with me offender Foxx because I have put a ARP on him due to him harassing me and I never got my 2 step back in almost 4 months

Relief Requested:

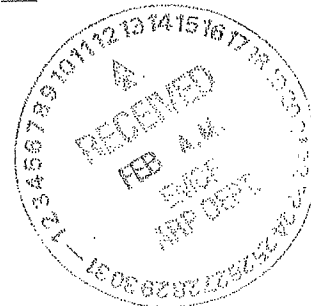
This concern will be shown due to inmate handbooks by professional acts and that they need to be fixed by putting such person life in danger after I repeatedly told them and I was forced.

Carlos Foxx

Inmate Signature

2/11/15

Today's Date



ARP-2

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program**

NUMBER EMCF - 15 - 990

FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

TO: CARLOS FOX 101889 EMCF
Inmate's Name and DOC# Housing Unit

FROM: Capt. [Signature] EMCF
Person to whom 1st Step is Directed Title/Location

If you are not satisfied with this response, you may go to Step Two by checking below and forwarding to the ARP Legal Claims Adjudicator within 5 days of your receipt of this decision.

MR. FOX INMATES ARE HOUSED IN THE INSTITUTION BASED ON CLASSIFICATION LEVELS, SECURITY AND MENTAL HEALTH STATUS. BEING A MEDIUM CUSTODY OFFENDER WITH NO RED TAGS OR KEEP SEPARATES ON HOUSING UNIT AS YOU WERE HOUSED ON THAT UNIT. ON 2-11-15 YOU RECEIVED AN APT FOR BEING IN AN UNAUTHORIZED AREA AND EXITING H2 DELTA WITHOUT PERMISSION. YOUR REFUSAL OF HOUSING WAS NOT YOU BEING PLACED IN ADMINISTRATIVE SEGREGATION YOU WERE PROPERLY HOUSED ON UNIT 2 DELTA.

[Signature] 5-13-15
Signature Date

☒ I am not satisfied with this response and wish to proceed to Step Two.

REASON:

Comes back

☐ I wish to cancel this complaint. You do not have to return this and time limit will cancel complaint.

[Signature] [Signature]
Inmate's Signature DOC# Date

Legal Claims Adjudicator - ORIGINAL

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program**

**EMCF 15-990
Second Step Response Form**

You must respond to the inmate within 45 days of receipt of the appeal of the First Step Response.

Inmate's Name & #: **Carlos Foxx #101889**

Location: **EMCF**

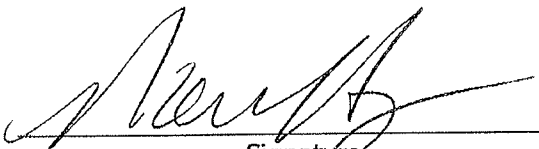
From: **Warden N. Hogans**

Title: **Facility Warden**

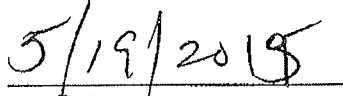
Your request for Administrative Remedy has been received and reviewed in this office on February 12, 2015 concerning your claim that you were refused protection.

As stated in your First Step Response, Captain Naidow explained to you why you were housed on Housing Unit 2. You were medium custody with no red tags or keep separate. You were placed in Administrative Segregation because you received an RVR for being in an unauthorized area and then refusing housing. Please contact your Case Manager for Red Tags.

I trust that I have answered your concerns pertaining to your complaint and you consider this matter closed.

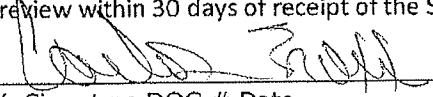


Signature



Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Second Step Response.



Inmate's Signature DOC # Date